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The purpose of this investigation was to assess soldier coping and adaptation to the stresses of Operation Restore Hope. Interviews, observations, and command consultation generated the data necessary to delineate key themes. Perhaps the most important of the investigation's findings was that current Army doctrine and practices provided the support necessary for the deployed force to successfully adapt to the unique challenges of Operation Restore Hope. The Human Dimensions Research Team detected no problems that were severe enough to threaten/compromise the Army's ability to perform its mission, or that would portend significant future mental health problems (e.g., post-traumatic stress disorder). While there were numerous, identifiable stressors (e.g., redeployment uncertainty, mission ambiguity, restrictive rules of engagement, slow mail, limited phone access), none were unexpected, and more importantly, none were beyond the soldiers' or units' capacity to cope.

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REPORT OF THE
HUMAN DIMENSIONS RESEARCH TEAM
OPERATION RESTORE HOPE
26 JANUARY - 5 MARCH 1993

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In early December, 1992, the Office of the Deputy Chief of Staff for Personnel requested that the Office of The Surgeon General of the Army form and deploy a Human Dimensions Research Team (HDRT) to Operation Restore Hope (ORH) in Somalia. The HDRT's mission was to assess soldiers' coping and adaptation to the stresses of ORH. Since U.S. ground forces had not yet deployed at that point, the exact nature of the stresses soldiers would be facing was unknown. However, it was commonly expected that soldiers would be exposed to massive starvation, disease, and death among the local population, and to the possibility of combat and the stresses of living in a harsh, primitive environment.

The U.S. Army Medical Research and Development Command received the mission and formed a three-person HDRT consisting of two officers (one Research Psychologist and one Research Social Worker) and an NCO (91G Behavioral Science Specialist) from the Department of Military Psychiatry, Division of Neuropsychiatry, of the Walter Reed Army Institute of Research. The HDRT was assigned to the 10th Mountain Division (Light Infantry) and attached to the Office of the Division Surgeon on 12 January 1993. The HDRT Deployed to Somalia on 19 January 1993, and collected data in Somalia between 26 January and 5 March 1993.

Methods

The HDRT collected data by means of interviews, observations of units both in garrison and while performing missions, and consultation with mental health professionals in theater. Interviews were of two types, labelled as "formal" and "informal" for purposes of this report. Formal interviews were scheduled in advance and took approximately an hour each. The sampling plan for formal interviews included soldiers at different rank levels within the same organization. Soldiers were interviewed either individually or in small groups (usually two to six soldiers). When soldiers were interviewed in groups, the groups consisted of members of the same small unit (section, squad, or platoon) who were of the same approximate rank. Soldiers were not interviewed in the presence of their supervisors and were promised that whatever they said in interviews would be confidential.

In the formal interviews, soldiers described their experiences from the time they were alerted for ORH until the time of the interview. The method used was similar to that used by S.L.A. Marshall (1978) in his interviews of soldiers during World War II. Emphasis was given to what aspects of ORH they found stressful, and what they found helpful in coping with the stress.

Informal interviews differed from the formal interviews in that they were not necessarily scheduled in advance, and often focussed on specific issues rather than covering the whole deployment from alert through the time of the interview. There was no attempt to obtain a representative cross section of a given unit in conducting informal interviews. Despite these differences in format, formal and informal interviews yielded the same results, in terms of themes expressed.

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The HDRT conducted 175 formal interviews and over 300 informal interviews. Interviews were conducted in Combat, Combat Support, and Combat Service Support units, and in all the regions of the country where there were large U.S. Army concentrations. Interviewees ranged in rank from PV2 through LTC. Even though the selection of individual interviewees was essentially opportunistic, the number and range of types of soldiers interviewed was such that the sample can be considered representative of the U.S. Army forces in Somalia during the time period. While this methodology does not allow precise quantification, it is reliable for identifying the major issues.

In the following description of findings, it must thus be noted that the purpose is only to delineate key themes, not to establish the exact percentage of soldiers who endorse any particular viewpoint or report a particular behavior. Further, it must be kept in mind that what is reported is soldiers' statements, with no claim on the part of the present authors that those statements are accurate. What soldiers told the HDRT in interviews expresses perceptual reality for those soldiers, and is valuable for that reason, even though some of their statements may have been based on lack of either information or understanding regarding the overall situation in the theater.

Findings

When the HDRT first received the mission to deploy to Somalia, as noted above, there was a common expectation that soldiers might be exposed to gruesome scenes of disease, starvation and death, to dangerous combat, and to a harsh physical environment. However, as events turned out, these were not the issues that created the most significant stress for soldiers, based on their reports in interviews. Gunfire in the vicinity of compounds, or even directed into living areas, as well as gunfire while on the road during missions, was a constant threat. However, even though this threat was widely cited as a stressor because the danger was always there, very few interviewees cited it as one of the major stressors affecting their lives. Small arms fire tended to come out in interviews almost as an afterthought, and was discussed less emotionally than were such issues as the uncertainty of their return to CONUS or the problems with mail and telephones.

"What's sleep without the crackle of gunfire?" (Sergeant at Embassy Compound, Mogadishu)

"You get used to the gunfire after the first night or so." (MP Specialist at University Compound, Mogadishu)

"We came here expecting the gunfiring. That's not stressful. We're trained for combat." (Infantry Staff Sergeant, Marka)

The harsh physical environment of Somalia, while clearly not congenial to soldiers, was seldom mentioned as a major stressor. Soldiers seemed to have deployed with the expectation of such conditions and to have taken them in stride.

The widespread exposure to death and dying that had led many to anticipate stress reactions among U.S. soldiers did not occur for most soldiers. Some soldiers, e.g., Military Police, were exposed to killed and maimed Somalis, but they appeared to have dealt with this appropriately. The mental health team of the 10th Mountain Division (LI) and the 528th Medical Detachment (Combat Stress Control) took proactive measures to contact units that had exposure to death and dying in order to educate them as to normal reactions and to help soldiers deal with the emotional consequences. The HDRT interviewed (coincidentally) in some units that had been assisted by these mental health personnel, and found that the interventions had been well received.

Thus, soldiers did not suffer major negative effects from the stressors that had, before the operation began, been of most concern as potential mental health threats. The issues that emerged from interviews as the ones that concerned them most are described below.

Stressors

There was wide agreement among interviewees that the greatest stressor for them was the uncertainty about when they would return home from ORH. A few soldiers had believed the original statements made by the administration that they would be home by the Presidential inauguration in January, 1993. Many units had been told different dates to expect to return home as the operation progressed.

"Ambiguity, not knowing when they're going home, is the biggest morale buster for all ranks, and for families." (Battalion Commander, Mogadishu)

"Any date would be better than no date."
(Major, support unit, Baledogle)

"Once inauguration day passed, we just knew it wouldn't be much longer." (Specialist, Infantry, Marka)

"Our CO told us before we left home that we would more than likely be here until June." (Sergeant from same unit as the Specialist quoted above)

"[Morale is] not good right now because they were just told they would be here till 22 April, and they had thought most of them were leaving 1 March and the rest 1 April." (Company Commander, support unit, Baledogle)

Often, soldiers expressed a feeling that the original mission they had been given before deploying was limited to providing security to enable the distribution of food, that it had been accomplished, and that it was time to go home. While many stated that the original

mission had been expanded to include other types of operation, they also tended to report that they did not understand the redefined mission that required their continued presence in Somalia. Further discussion typically revealed that the soldiers had, contrary to their initial statements, been told what the new mission was, but that they (a) disagreed with the new mission, (b) found the new mission ambiguous, or (c) did not like the fact that the new mission implied that their units would have to stay in Somalia longer. This point is discussed further below in the section "Feelings about the mission."

The other stressor that was universally cited by soldiers was the difficulty in communicating with family and friends back in the United States. At the time the HDRT was conducting its interviews, mail from the United States typically arrived in Somalia in 6-8 days, and mail from soldiers in Somalia took 10-12 days to reach CONUS. However, it was not uncommon for letters to take up to ten days to reach Somalia and 21 or more days to reach CONUS. Further, this level of service represented a great improvement over the early days of the operation, and many soldiers' estimates of the time mail took were colored by their early experiences. The problem was compounded by the fact that military representatives back home gave unduly optimistic information about the quality of mail service to family members, even in the face of facts to the contrary.

"The Marine at the Hoffman Building I spoke to about the mail kept insisting that mail from Somalia took ten to twelve days, and when I told him I had envelopes whose postmarks showed it had been three weeks, he told me you must be in the boondocks." (Spouse of one of the HDRT members, who had letters mailed from ARFOR Headquarters, Embassy Compound, Mogadishu)

"The wives wonder why they haven't written." (First Sergeant, support unit, Mogadishu)

"My wife hates me. She thinks I'm not writing." (Sergeant Major, support unit, Mogadishu)

When the HDRT first arrived in Somalia, very few soldiers were able to telephone home, except in emergencies. By the end of February, policies had been implemented to allow soldiers to make morale/welfare calls to the United States; however, the small number of telephone lines made it hard for many soldiers to take immediate advantage of this policy. Thus, the interview data do not reflect the results of those policies. One could predict that, as time went on and more soldiers were able to telephone home and others knew that at least the possibility of telephone contact was there, this would have become less of a stressor.

"Right after we arrived, a few people were allowed to call home each night. Most had trouble getting through. Then, for no apparent reason, we were told phone calls were no longer authorized." (Sergeant, support unit, Baledogle)

"The phones are usually not working when I get an opportunity to call home." (Staff Sergeant, MP unit, Mogadishu)

"Since the mail is so slow, phones would make all the difference."
(First Lieutenant, Infantry, Marka)

The lack of opportunity to send letters or telephone home was compounded by a general feeling of lack of information as to what was happening in the United States or the world at large. Initially, soldiers' access to world news came primarily from command information channels and from Voice of America, and from CNN in those few areas that had satellite links. Efforts to get USA Today, Army Times, and hometown newspapers to soldiers, and to increase the number of sites receiving CNN, increased the availability of news; however, the nature of the operation was such that many soldiers continued to get newspapers that were over a week old as their only source of world news.

Soldiers also typically brought up the lack of consumer goods such as soft drinks, snack foods, and PX sundry items as a stressor. However, the way in which the soldiers expressed this concern made it clear that it was not the lack of these items that upset them so much as the perception that other units or other services had them, or that their chain of command could have provided them but did not give them priority (and thus, by extension, did not give soldier welfare a high priority).

"These [PX goods and hot meals] are luxury items. If we were out in the woods kickin' butt, I wouldn't even ask for it. But here we go out on guard, come back for MRE's, and go out on guard again." (Platoon Sergeant, Infantry, Marka)

"It hurts morale when they see the USAF, Seabees, Marines, with sodas and things like that. The Seabees have their own PX."
(Sergeant First Class, support unit, Baledogle)

"The PX belongs to the Marines, and they don't want us buying up their goodies. Why can't the Army take care of its own?" (Sergeant, support unit, Baledogle)

"The Marines get hot food and sodas, the Army gets MRE's."
(Specialist, Infantry, Marka)

"The Army will manage to fix the PX situation about a week after I get home." (Sergeant First Class, support unit, Mogadishu).

Compounding the above stressors was a lack of opportunities for recreation beyond sports, watching VCR's, and reading. While the availability of these activities was much appreciated, soldiers felt stifled after a while. This was especially true in units whose

missions did not give them an opportunity to travel around in the theater, and in units where the workload was light (e.g., units whose mission was essentially duplicated by a unit at another echelon). In a few units, leaders tried, unsuccessfully, to compensate for the boredom by projects that were perceived by the soldiers as "make work."

The situation in Somalia added to soldiers' stress. Growing hostility from Somalis, in the form of rock throwing or sniping, frustrated soldiers. Soldiers had deployed with idealistic feelings about the operation, and these were being challenged.

"These kids are juvenile delinquents, but we can't do anything to them." (Military Policeman, Mogadishu)

"They're starting to get frustrated with the Somalis. They came thinking they were helping starving Somalis. [Now] people come up and say 'go home' or throw rocks at them." (Company commander, Mogadishu)

The perception that Operation Restore Hope was forgotten in the news back home added to this frustration.

"The word from home is that Somalia is no longer newsworthy." (Master Sergeant, MP unit, Mogadishu)

"My wife tells me we've been supplanted by Clinton's promise to lift the ban on gays in the military." (Captain, HQ, ARFOR, Mogadishu)

"Nobody wants to know about the plight of starving Africans." (Sergeant, support unit, Baledogle)

"Coverage of U.S. forces in Somalia died shortly after the lights went out on the beach." (First Lieutenant, HQ, ARFOR, Mogadishu)

The Rules of Engagement (ROE) added to the frustration of many soldiers, despite command efforts to ensure that every soldier was informed as to the ROE (e.g., wide distribution of pocket cards stating and interpreting the ROE). Some soldiers simply disagreed with the ROE, feeling that they were too restrictive. More commonly, soldiers whose missions required close contact with the Somalis were, despite having read the ROE, uncertain as to what they could do in certain situations, e.g., when to pursue or detain bandits. The "Safe Havens" (areas where Somali warlords were allowed to store weapons) frustrated soldiers who had to watch bandits escape to them, knowing that this meant the bandits could be active again as soon as the soldiers were out of sight. Soldiers also often observed that other Coalition nations, while operating under the same ROE, were much less restrictive in their use of firepower.

Gender Issues

The HDRT included some questions about gender issues in interviews in units that had women. In general, women were well integrated and bonded within their units. Leaders of both sexes stated that they viewed women in their units as soldiers, not as a separate category. Their assertion to this effect is supported by the fact that when asked specific questions about soldiers' duty performance or problem behaviors (e.g., requests for early return from the deployment), typically, they had to pause and actually count before answering whether men and women differed. No leader interviewed expressed any reservations about either the performance of women as a group, or any special needs that might have created problems.

Indeed, the integration of men and women in the same units was such that in several interviews, soldiers expressed strong resentment of the fact that tents were segregated by gender. What makes this resentment remarkable is that interviewers did not ask how soldiers felt about the issue - it was brought up spontaneously by interviewees.

"We train together, we work together, why aren't we living together?"
(Enlisted soldiers, support unit, Baledogle)

"The only thing that was a little strange was the JTF [Joint Task Force] rule that males and females not be in the same tent. Soldiers were pissed. They've been together for ten years. The biggest problem is that it breaks down the family integrity of the unit." (First Sergeant, support unit, Mogadishu)

Among the reasons cited for opposing this policy were that it disrupted unit cohesion and "family" feeling, that it hindered leaders' attempts to maintain span of control and to care for their soldiers (especially female soldiers, who were the most likely to be separated from the main body), that it insulted soldiers' professionalism by implying that they could not live together and still maintain their standards of conduct, and that, in some sites where there were relatively few women, it added to women's social isolation.

While some women who deployed were found to be pregnant and had to return to CONUS, leaders did not cite this as a major problem and did not report it as having a negative effect on morale or cohesion. At least two pregnant women asked their chain of command if they could remain in theater and expressed disappointment when told that redeployment was mandatory.

Morale

Soldiers' verbal estimates of their morale ranged from "good for the conditions" to "rock bottom." Leaders tended to be more positive than lower ranking soldiers. The latter trend is typically found in unit surveys using this methodology, e.g., in WRAIR's research

on the Unit Manning System, with units that fought in Operation Just Cause, and in units that served in Operations Desert Shield/Storm. There are many possible explanations for this finding, including (a) that leaders really do have life better and thus are happier, (b) that leaders are more prone than lower-ranking soldiers to want to present a positive "can do" attitude to outside research teams, and (c) that leaders and soldiers interpret the question differently, with soldiers expressing how they feel about the conditions in which they live and work, and leaders taking those conditions as given and answering to express how well soldiers deal with those conditions.

Despite the range of feelings about morale, there was wide agreement that soldiers were functioning well, and that the mental health of the ARFOR was good. While the situation in Somalia raised the frustration level of soldiers, their frustrations were expressed appropriately. The clinical caseload of the Army mental health teams in theater was not large, and proactive efforts by the 10th Mountain Division (LI) Mental Health Team and the 528th Medical Detachment (Combat Stress Control) did not identify unusual levels of psychopathology.

Feelings about the ORH Mission

Soldiers generally reported that they had deployed to Somalia with positive and idealistic feelings about the mission, even though there were some soldiers who did not share this view and had resented being sent to Somalia. However, by February, many soldiers had developed doubts about the mission and its value. "We don't see any starving Somalis" was a frequent comment in interviews. Leaders often tried to counter this view by explaining that humanitarian relief is complex, and that they were part of a larger picture, and many leaders instituted efforts to get soldiers to the feeding centers so they could see helpful results of their efforts.

There were also concerns that the mission was futile and open-ended, expressed by comments such as "How do we know when we've won?" or "Things are OK only if we stay here." Such remarks typified a widespread feeling that as soon as military forces left Somalia, the situation would revert to what it had been like before ORH. Soldiers were especially frustrated that advance notice of United States operations let bandits hide their weapons and that Safe Havens let them elude pursuit and continue to rob and murder.

Despite these concerns about the overall mission, soldiers tended to be proud of their performance in ORH. They usually expressed pride in the skill and dedication with which their own small units had done the job, even as they criticized the conditions under which they had done their missions.

A few soldiers who did not believe in the ORH mission had decided that there must have been some hidden reason for ORH that was not being told to the public. Each of the following was cited spontaneously by soldiers, in more than one interview, as the "real" reason for ORH:

(a) Save the 10th Mountain Division (LI) and Fort Drum during the current military drawdown.

(b) Establish a base from which to attack Iraq.

(c) Embarrass the new administration.

Feelings about Somalis

The HDRT found a wide range of reactions to, and feelings about, the Somali people among U.S. soldiers. No one statement can be said to adequately represent the feelings of a plurality of the U.S. Army. Even at the individual level, feelings were mixed and complex. As noted above, soldiers deployed with idealistic feelings. Thus, they arrived wanting to like Somalis. However, rock throwing and petty theft (especially in Mogadishu), as well as verbal insults and a few anti-American demonstrations, frustrated soldiers. Soldiers understood that the rock throwers and those who stole from them (often even grabbing glasses off faces or watches from wrists) did not represent all Somalis, but many reported that they could not help being influenced by their immediate negative experiences. They commonly rationalized this by noting that there was a difference between the Somalis in the cities, where most of the hostile acts occurred, and those in the countryside, who were friendlier.

The HDRT did not hear any derogatory racial term applied to Somalis, or any slang nicknames. This appears significant, since derogatory slang has been applied to the native population in most countries to which U.S. Forces have deployed. The absence of such terminology in ORH supports the notion that soldiers wanted to like Somalis.

Some soldiers saw racial bias in other soldiers' treatment of Somalis, and in U.S. policies toward Somalis. Those soldiers alleged that use of tent pegs to hit children trying to steal from vehicles, or policies keeping soldiers at a distance from Somalis, would not have been allowed if the local population had been White or European. While this belief was not widely expressed in interviews, those who held it felt strongly.

Discussion

Perhaps the most important aspect of these findings is that current Army doctrine and practices provided the support necessary for the deployed force to meet the unique challenges of ORH. The HDRT detected no problems that were severe enough to threaten to compromise the Army's ability to perform its ORH mission, or that would portend major mental health problems in the future. While there certainly were numerous stressors for the deployed soldiers, as described above, none of them were unexpected and, more importantly, none were beyond the soldiers' or units' capacity to cope. Despite the fact that soldiers often stated that their morale was not high, they performed well and did not evidence any of the typical indicants of low morale such as increased rates of disciplinary problems, health care

usage, or mental health referrals.

The present findings are consistent with WRAIR's studies of Operations Desert Shield/Storm (ODS) (Gifford, Marlowe, Wright, Bartone, and Martin, 1992; Gifford, Martin, and Marlowe, 1991; Marlowe, 1992; Wright, Marlowe, and Gifford, 1993). During ODS, soldiers reported many of the same stressors as they deployed to a harsh physical environment under uncertain and potentially dangerous conditions. In both deployments, soldiers adapted well despite the difficulties inherent in the situations.

The stressors found among ORH soldiers include some that cannot always be controlled by the Army. It is not possible to state with certainty how long soldiers will be deployed when the situation is still evolving. Mail and telephone service, while theoretically feasible, cannot always be provided at a level consistent with soldier expectations. The ARFOR leadership was well aware of the importance of timely mail service and of the potential morale value of telephone calls home. However, events beyond their control made mail service slow in the early days of the operation, and the lack of existing infrastructure in Somalia made it impractical to provide telephone access at the level soldiers wanted.

However, it would be a mistake to ignore such stressors just because they are hard to eliminate. Leaders at the small unit level, even when they cannot control a stressor, can do much to buffer the effect of the stressor on soldiers by making it clear that they are doing all they can to improve the situation and that they too suffer from the same privations. In some units, leaders told the soldiers that they were doing everything possible at their level and would continue doing so. Some were able to demonstrate their commitment to improving the situation by devising creative ways to deal with problems, e.g., using electronic mail to family support groups as a substitute for mail/telephone communication. In contrast, some small unit leaders made the situation worse by (probably inadvertently) giving their soldiers the impression they did not want to be bothered with dealing with soldiers' concerns. For example, one First Sergeant told his company he did not want to hear any more complaints about the mail. His company concluded that he did not care about their welfare, and many actually believed that he had it in his power to control mail delivery, but was only taking care of officers and senior NCO's. The lesson for small unit leaders is that they not only need to take care of the troops, but need to ensure that their caring is visible to the troops, and that soldiers know their leaders are aware of problems even when they cannot solve them.

Not knowing how long an operation will last makes it difficult to plan resources for supporting soldiers. Given the repeated finding that morale is affected adversely when soldiers perceive that they are not getting the best support possible, it would appear wise for the Army to enter all deployments with the mindset that they are going in for the long haul, and begin planning soldier support as if soldiers will be deployed for at least six months. While this might result in spending money for amenities that might not be necessary if soldiers go home sooner, the payoff in improved soldier morale should justify the dollar expenditure.

The absence of complaints about gender issues, combined with the criticism by many soldiers of the policy of segregation of tents by gender, suggests that today's soldiers are comfortable with the current level of gender integration of the Army. Soldiers wanted decisions about gender issues to be made at the unit level, where the specific conditions and mission of the unit could be taken into account. The HDRT's observations suggest that most such decisions could be made at the battalion level.

In addition to support in the form of material comfort and communication with the world outside the theater of operations, soldiers need validation and legitimation of their experiences in a deployment such as ORH. They want to believe that their deployment was worthwhile in the sense of serving some larger purpose. It has long been noted that Americans want their wars to be crusades (Fehrenbach, 1963). Serving this need sometimes requires challenging the widely held notion that people need to be protected from exposure to potentially traumatic sights and events. Although the HDRT had, before deployment, expected that exposure to starving Somalis would be a major stressor, the actual finding was quite the opposite. The frequent complaint "We don't see any starving Somalis" demonstrates that too much isolation from the stressful aspects of a situation can actually lower morale.

The ambivalence of soldiers toward the Somali population was not surprising in view of the hostility they encountered and their doubts about the long term value of the ORH mission. Dealing with people from cultures not well understood by most Americans, and with people who may resent American presence, are problems that can be expected in future military operations, and particularly in overseas humanitarian assistance deployments. Further research should seek to ascertain whether increased opportunity to see the value of ORH (e.g., by visiting feeding centers) helped to overcome these doubts, and to ascertain whether soldiers' ability to deal with cross-cultural issues can be enhanced through training.

The HDRT's mission did not extend to determining the truth of some soldiers' allegations of racial insensitivity toward the Somalis on the part of fellow soldiers. However, it is important to note again that, in this area especially, perception is what is key for the individual soldier. If soldiers returned from Somalia with the feeling that their fellow soldiers behaved insensitively, there is a potential for the erosion of cohesion. Future surveys of soldiers who deployed to Somalia should attempt to determine whether this perception was widespread, or confined to the relatively few soldiers who expressed it to the HDRT.

While the problem areas cited above are worthy of attention, they do not undermine the conclusion that, overall, the Army force sent to Somalia functioned well and maintained excellent morale and cohesion in spite of the difficulties, challenges, and frustrations of ORH. Thus, from a human dimensions perspective, the important lesson is not that predictable problems arose, but that, on the whole, things went well and that when problems did occur, they did not disrupt either the health or mission capability of the force.

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